Name	Date of Birth		Home Add	ress	% of Interest	Title/Position
Last Name: First Name, MI: Please check one: Att. D Statement attached OR Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		
Last Name; First Name, MI: Please check one: Att. D Statement attached OR Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		
Last Name: First Name, MI: Please check one: Att. D Statement attached OR Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		
Last Name: First Name, MI: Please check one: Att. D Statement attached OR Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		
Last Name: First Name, MI: Please check one: Att. D Statement attached OR Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		
Last Name: First Name, MI: Please check one: Att. D Statement attached OR Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		
Last Name: First Name, MI: Please check one: Att. D Statement attached OR Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		
Last Name: First Name, MI: Please check one: Att. D Statement attached OR Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		

TABLE 2						
Name of Affiliate/Affiliated Company		Address		% Interest in Licensee	Authorized Representative	Position
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					

Name of Other Persons as Identified in the Statement Above	Date of Birth or N/A		Addres	s of Person	% of Interest
		Address:			
Name:		City:	State:	ZIP:	
		Country:			
		Address:			
Name:		City:	State:	ZIP:	
		Country:			
		Address:			
Name:		City:	State:	ZIP:	
		Country:			
		Address:			
Name:		City:	State:	ZIP:	
		Country:			
		Address:			
Name:		City:	State:	ZIP:	
		Country:			
		Address:			
Name:		City:	State:	ZIP:	
		Country:			
		Address:			
Name:		City:	State:	ZIP:	
		Country:			
		Address:			
Name:		City:	State:	ZIP:	
		Country:			
		Address:			
Name:		City:	State:	ZIP:	
		Country:			
		Address:			
Name:		City:	State:	ZIP:	
		Country:			
		Address:	0	710	
Name:		City:	State:	ZIP:	
		Country:			
		Address:	0/ /	710.	
Name:		City:	State:	ZIP:	
		Country:			
		Address:	Ctata	7ID:	
Name:		City:	State:	ZIP:	
		Country:			
		Address:	Ctata	7ID:	
Name:		City:	State:	ZIP:	
		Country:			

Name, Address, and Telephone Number of Public Agency	Type of Regulation	License No. or Other Identifying No.

Name, Address, and Telephone Number of Licensing Authority	Date of Action

		IADLE		
Name, Address, and Telephone Number of Jurisdiction	Date of Action	Amount Paid	Disposition (Paid/Contested)	Reason for Penalty

Type of Gambling Operation	Position Sought or Held	Name, Address, and Telephone Number of Licensing Agency (Including State, County, or Municipality)	Disposition (Granted, Pending, or Denied)	If Issued - Provide License/Permit Number

Date of Filing	Name and Address of Court:	Case Number:	Disposition:

	IABLE 9		
Taxing Agency	Type of Tax	Date of Taxing Period (MM/YY)	Amount

Last Name: First Name, MI:			LE 10			
First Name, ME Last Name: First Name, ME	Name of candidate/ office holder	Office sought/held	Date	Amount	Method of payment	Intermediary, if any
Last Name: First Name, MI: Last Name: First Name, MI: Last Name: First Name, MI: Last Name: First Name, MI: Last Name: First Name, MI: Last Name: First Name, MI: Last Name: First Name, MI: Last Name: First Name, MI:	Last Name:					
First Name, MI: Last Name: First Name, MI: Last Name: First Name, MI: Last Name: First Name, MI: Last Name: First Name, MI: Last Name:	First Name, MI:					
Last Name: First Name, MI: Last Name: First Name, MI: Last Name: First Name, MI: Last Name: First Name, MI: Last Name:	Last Name:					
First Name, MI: Last Name:	First Name, MI:					
Last Name: First Name, MI:	Last Name:					
First Name, MI: Last Name: First Name, MI:	First Name, MI:					
Last Name: First Name, MI:	Last Name:					
First Name, MI: Last Name: First Name, MI:	First Name, MI:					
Last Name: First Name, MI:	Last Name:					
First Name, MI: Last Name: First Name, MI:	First Name, MI:					
Last Name: <	Last Name:					
First Name, MI: Last Name:	First Name, MI:					
Last Name: First Name, MI:	Last Name:					
First Name, MI: Last Name: First Name, MI:	First Name, MI:					
Last Name: First Name, MI:	Last Name:					
First Name, MI: Last Name: First Name, MI:	First Name, MI:					
Last Name: First Name, MI: Last Name: Last Name:	Last Name:					
First Name, MI: Last Name: First Name, MI: Last Name: First Name, MI: Last Name: Last Name: Last Name: Last Name:	First Name, MI:					
Last Name: First Name, MI:	Last Name:					
First Name, MI: Last Name: First Name, MI: Last Name: Last Name: Last Name: Last Name:	First Name, MI:					
Last Name: First Name, MI: Last Name: First Name, MI: Last Name:	Last Name:					
First Name, MI: Last Name: First Name, MI: Last Name:	First Name, MI:					
Last Name: First Name, MI: Last Name:	Last Name:					
First Name, MI: Last Name:	First Name, MI:					
Last Name:	Last Name:					
	First Name, MI:					
First Name, MI:	Last Name:					
	First Name, MI:					

TABLE 11

Name Of Official/Officer	Title		Business Address	Telephone Number
Last Name:		Address:		()
First Name, MI:		City:	State: ZIP:	
Last Name:		Address:		()
First Name, MI:		City:	State: ZIP:	
Last Name:		Address:		()
First Name, MI:		City:	State: ZIP:	()
Last Name:		Address:		
First Name, MI:		City:	State: ZIP:	()
Last Name:		Address:		
First Name, MI:		City:	State: ZIP:	()
Last Name:		Address:		
First Name, MI:		City:	State: ZIP:	()
Last Name:		Address:		
First Name, MI:		City:	State: ZIP:	()
Last Name:		Address:		
First Name, MI:		City:	State: ZIP:	()
Last Name:		Address:		
First Name, MI:		City:	State: ZIP:	()
Last Name:		Address:		
First Name, MI:		City:	State: ZIP:	()
Last Name:		Address:		
First Name, MI:		City:	State: ZIP:	()
Last Name:		Address:		
First Name, MI:		City:	State: ZIP:	()
Last Name:		Address:		
First Name, MI:		City:	State: ZIP:	()
Last Name:		Address:		
First Name, MI:		City:	State: ZIP:	()

		TABLE 12			
Nature of charge or arrest	Date of charge or arrest	Name & address of court involved	Disposition	Date	Felony or misdemeanor